## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [ SMALL ENTITY OR TOTAL CLAIMS RATE FEE RATE FEE **FOR** NUMBER FILED NUMBER EXTRA **BASIC FEE** \$375 BASIC FEE OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS . minus 3 = X42 =X84= MULTIPLE DEPENDENT CLAIM PRESENT OR +140= OR +280= \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) (Column 2) SMALL ENTITY (Column 3) OR SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER ADDI-PRESENT ADDI-**AFTER** PREVIOUSLY RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X42 =FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X84= OR +140= +280= OR TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER ADDI-PRESENT ADDI-**AFTER** PREVIOUSLY RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X42= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X84 =OR +140= +280= OR TOTAL OR ADDIT. FEE ADDIT, FEE

	NOT THE PARTY OF T	(Column 1)		(Column 2)	(Column 3)		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	*	Minus	**	=		
	Independent	*	Minus	***	,=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

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AMENDMENT,

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT, FEE		OR	TOTAL ADDIT, F.E.E	